

Date \_\_\_\_\_

Dear Parent or Guardian:

Our organization serves nutritious free meals as part of the federally funded Summer Food Service Program for Children (SFSP). Children are defined by the SFSP as being 18 years of age and under or persons over 18 who are determined by a state or local public educational agency to be mentally or physically disabled. In order to be eligible for these federal funds, we must document the number of enrolled children with household incomes less than or equal to the SFSP family size/income guidelines. With your cooperation, we can qualify for federal reimbursement and keep costs to you at a minimum. Please complete and return this form.

### HOW TO APPLY

**FOOD STAMP/FIP/FDPIR HOUSEHOLDS:** Write the children's names, the Food Stamp, FIP, or FDPIR case numbers for those children, and the signature of an adult household member on the application. If your child(ren) is a member(s) of a Food Stamp, FDPIR, or FIP household, the child(ren) is automatically eligible to receive free meals. If Food Stamp, FIP or FDPIR case numbers are provided, they may be used to verify the current certification for whom free meal benefits are claimed.

**FOSTER CHILD:** Write the foster child's name, his/her personal income, and the signature of an adult on the application.

**ALL OTHER HOUSEHOLDS:** The application must have the children's names and the names of all household members. List the amount of income each person received last month with the source of each person's income (example: pay, Social Security, etc.). The signature and the Social Security number of the person completing the application must be included (or the word "none" if that adult does not have a Social Security number).

### OTHER INFORMATION

**PRIVATE INFORMATION:** Our organization will NOT use the information on this application for ANY purpose other than classifying children's meals in the United States Department of Agriculture food programs.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, age, or disability. Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Bldg., 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Sincerely,

See reverse for Income Chart.

INCOME CHART

TOTAL FAMILY SIZE	INCOME		
	YEARLY	MONTHLY	WEEKLY
1	17,224	1,436	332
2	23,107	1,926	445
3	28,990	2,416	558
4	34,873	2,907	671
5	40,756	3,397	784
6	46,639	3,887	897
7	52,522	4,377	1,011
8	58,405	4,868	1,124
For each additional family member, add:	5,883	491	114

APPLICATION INSTRUCTIONS

FOOD STAMP/FIP/FDPIR	FOSTER CHILD	ALL OTHER
<p>GO TO PART 2.</p> <p>Write name of each child. Write Food Stamp, FDPIR, or FIP Case Number in the spaces provided. Please note "Bridge Card" numbers cannot be accepted as food stamp case numbers.</p> <p>NOTE: If all children have a Food Stamp, FDPIR or FIP case number, go to Part 4.</p> <p>If there are children in the household that do not have a Food Stamp, FDPIR or FIP case number, go to part 3. List names of everyone in your household. Include yourself, your spouse, all of the children now living in this household, grandparents, other relatives, and unrelated adults now living in this household. Use a separate sheet of paper if you need more room. Include child listed at the top of the application.</p> <p>List all income and how often it is received for each person on the same line as his/her name.</p> <p>Income is all money received before any deductions.</p> <p>Income must be listed in the correct column--- Earnings, Welfare/Child Support/Alimony, Pension/Retirement/Social Security, or Other.</p> <p>GO TO PART 4.</p> <p>Sign at "X".</p> <p>Our organization needs your address and phone number.</p> <p>Return completed form to our organization.</p>	<p>GO TO PART 1.</p> <p>Check "Yes" and list foster child's spending money for the month. Spending money is money received by the child for his/her personal use. If a child has no spending money, write -0-.</p> <p>GO TO PART 2.</p> <p>Write name of child.</p> <p>GO TO PART 4.</p> <p>Sign at "X".</p> <p>Our organization needs your address and telephone number.</p> <p>GO TO PART 5.</p> <p>List the license number given to the foster home by the Family Independence Agency. (Optional)</p> <p>Indicate type of foster home.</p> <p>Return completed form to our organization.</p>	<p>GO TO PART 2.</p> <p>Write name of each child in the household.</p> <p>GO TO PART 3.</p> <p>List names of everyone in your household. Include yourself, your spouse, all of the children now living in this household, grandparents, other relatives, and unrelated adults now living in this household. Use a separate sheet of paper if you need more room. Include child listed at the top of the application.</p> <p>List all income and how often it is received for each person on the same line as his/her name.</p> <p>Income is all money received <u>before</u> deductions.</p> <p>Income must be listed in the correct column--- Earnings, Welfare/Child Support/Alimony, Pension/Retirement/Social Security, or Other.</p> <p>GO TO PART 4.</p> <p>An adult household must SIGN AT "X". Write the social security number of the signer on the line under the signature. Write the word "None" if the adult household member who signs the application does not have a social security number.</p> <p>Our organization needs your address and telephone number.</p> <p>Return completed form our organization.</p>

## Family Application For Free Summer Meals

### Part 1-

**Foster Child?**

☐

**Yes**

Child's spending money per month \$ \_\_\_\_\_

*\*\*Foster children are considered to be a household of one.*

*Do not leave blank. If none available, list \$0.*

**Sign at Part 4**

### Part 2-

**Participating Children** (Use a separate application for each foster child)

Child's Name	List child's FOOD STAMP/FIP/FDPIR case number

*If you listed a Food Stamp/FIP/FDPIR case number for EACH child, skip to Part 4.*

### Part 3- Income

Part 3- Income		List all income and how often it is received				Check if NO income
Name  (List everyone in household and their income)	Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly					
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Other		
Emily Smith (example)		\$ 200 /weekly	\$ 150 /weekly	\$ 100 /monthly	\$ ____/____	<input type="checkbox"/>
		\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
		\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
		\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
		\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
		\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
		\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
		\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>

**Sign at Part 4**

### Part 4 - Signature and Social Security Number (Adult must sign)

**PENALTIES FOR MISREPRESENTATION:** I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for receipt of federal funds; that Program officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal criminal laws.

**\*SIGN HERE: X** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(Signature of Adult Household Member)

**\*Adult Social Security Number:** \_\_\_\_\_ ☐ I do not have a Social Security Number

Address	County	Home Phone
City	Zip Code	Work Phone

*\*Please read "Privacy Act Information: Social Security Number" on back of form*

#### FOR SPONSOR USE ONLY

*Monthly Income Conversion: Weekly x 4.33, Every 2 Weeks x 2.15, Twice a Month x 2*

Total Household Size: \_\_\_\_\_ Total Income: \$ \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Annual \_\_\_\_\_  
 Eligibility: \_\_\_Free\_\_\_Denied \_\_\_\_\_ Food Stamp eligible \_\_\_\_\_ FIP eligible \_\_\_FDPIR eligible  
 Reason for Denial: \_\_\_Income too High \_\_\_Incomplete Application \_\_\_Other (specify) \_\_\_\_\_

**Determining Official's Signature** \_\_\_\_\_

## Part 5- Foster Children

*In most cases foster children are eligible for free meals regardless of your household income.*

**Foster Home License Number:** \_\_\_\_\_ *(optional)*

\_\_\_\_ A. The welfare agency or court is legally responsible for the child and the foster home is, in fact, an extension of the welfare agency or court.

\_\_\_\_ B. The child is a resident of a licensed "Group Foster" home or a residential institution.

\_\_\_\_ C. Other (describe) \_\_\_\_\_

*\*\*Only the foster child's spending money is counted as income on this application. Do not include money from occasional or part-time jobs like paper routes and babysitting. If you have any questions, please contact the our organization.*

## Part 6- Child's Racial/Ethnic Identity *(Optional)*

Check one or more racial identities:

\_\_\_\_ American Indian or Alaskan Native

\_\_\_\_ Asian

\_\_\_\_ Black or African American

\_\_\_\_ White

\_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_ Other

Check one ethnic identity:

\_\_\_\_ Hispanic or Latino

\_\_\_\_ Neither Hispanic nor  
Latino

## Privacy Act Information: Social Security Number

Section 9 of the National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free meals. The Social Security Number of the adult household member who signs the application is required unless you list a Food Stamp or FIP case number for your child, OR if you are applying for a foster child. You must check the "I do not have a Social Security Number" box if the adult household member signing the application does not have a Social Security Number. We will use your information to see if your child is eligible for free meals, to run the program, and enforce the rules of the program. These facts must be told to the household member whose Social Security Number is given. Any other use of the Social Security Number must be specified here.

## Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410 or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.